



State of California—Health and Human Services Agency
Department of Health Services



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

GRAY DAVIS
Governor

**MESSAGE FROM THE STATE OF CALIFORNIA
EXPANDED ACCESS TO PRIMARY CARE PROGRAM**

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The Expanded Access to Primary Care Program (EAPC Program) pays for visits at free or community clinics that provide health services to low-income persons with no health insurance.

The EAPC Program is required by law to protect the privacy of the information we have about you. We must give you this Notice of how the law allows us to use and share your health information and what your rights are.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

We use this information and share it with others for the following reasons:

- **For payment:** The EAPC Program and its approved payment contractor, Electronic Data Systems (EDS), approve and pay for health care claims that clinics send to us for your medical care.
- **For health care operations:** The EAPC Program may use information in your health record in audits or fraud investigations, or for planning and general administration.

SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows the EAPC Program to use or give out information we have about you for the following purposes:

- For legal and administrative proceedings, such as lawsuits
- As required by law, such as workers' compensation
- To agencies that oversee the health care system, for audits or investigations
- To the federal government when it is checking on how we are meeting privacy laws
- To gather information that can no longer be traced back to you

We may give out health information about you to organizations, such as EDS, which help us in our operations, for example by paying bills. If we do, we will make sure that they protect the privacy of information we share with them.

Some state laws limit sharing information listed above. For example, there are special laws, which protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

WHEN WRITTEN PERMISSION IS NEEDED

Before the EAPC Program will use your personal information for any reason not listed above, it will get written permission from you. If you do give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have the right to:

- Ask us not to use or share your personal health care information in the ways described above. We may not be able to agree with your request.
- Ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- See and get a copy of information which the EAPC Program has about you. You may have someone else see and get a copy of the information the EAPC Program has about you. The EAPC Program, through its payment contractor, EDS, has eligibility information and information about bills sent to us for payment.

You may be charged a fee for the costs of copying and mailing records. We may keep you from seeing all or parts of your records for reasons allowed by law. If we do, we will give you information on how to appeal our decision.

- Change the records if you believe some information we have about you is wrong. We may deny your request if the information is not made or kept by the EAPC Program, or is already correct and complete. If your request is denied, you may send in a letter disagreeing with our decision that will be kept with your records.

******IMPORTANT******

THE EAPC PROGRAM DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

- Request a list of the times when we have shared your health information after April 14, 2003. The list will tell you what information we shared, with whom, when, and for what reasons the information was shared. The list will not include when we gave information to you, or with your permission, or shared it for treatment, payment, or health care operations.
- Get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our website at:
www.dhs.ca.gov/eapc

HOW DO YOU CONTACT US TO USE YOUR RIGHTS OR TO COMPLAIN?

If you want to use any of the privacy rights explained in this Notice, or, if you believe that we have not protected your privacy and wish to complain, please call or write us at:

Privacy Officer
CA Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 255-5259 or (877) 735-2929 TTY/TDD

You may file a complaint by calling or writing the **Privacy Officer**, CA Department of Health Services, at the address and telephone number above. You may also contact the Secretary of the Department of Health and Human Services, by writing the U.S. Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102 ,

or by calling (800) 368-1019. Or you may call the U.S. Office for Civil Rights at 866-OCR-PRIV (866) 627-7748 or 866-788-4989 TTY/TDD.

The EAPC Program cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

If you have any questions about this Notice, and want further information, please contact the Privacy Officer, California Department of Health Services, at the address and phone number on page 3.

CHANGES TO NOTICE OF PRIVACY PRACTICES

The EAPC Program must obey this Notice starting on April 14, 2003. We have the right to change our privacy practices. If we do make any changes, we will rewrite this Notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address on page 3.

如果你需要得到 EAPC 項目中有關你個人隱私權利的資訊，請致電 (916) 255-5259。 (Cantonese)

اگر در مورد حقوق محرمانه بودن خود تحت برنامه EAPC Program سوالی داشته باشید، لطفاً با شماره تلفن (916) 255-5259 تماس بگیرید. (Farsi)

Yog koj xav paub txog koj txoj cai hais txog yus tus kheej *privacy rights* nyob rau hauv EAPC Program, thov hu rau (916) 255-5259. (Hmong)

EAPC 프로그램에 적용되는 개인 정보 보호권에 관한 정보를 원하시면 (916) 255-5259로 전화 주십시오. (Korean)

ຖ້າທ່ານ ທ່ານຕ້ອງການຂໍ້ມູນກ່ຽວກັບ ສິດທິຄວາມເປັນສ່ວນຕົວຂອງທ່ານພາຍໃຕ້ໂຄງການ EAPC, ກະລຸນາໂທ (916) 255-5259. (Lao)

要是您希望获取 EAPC 项目中有关您个人隐私权利的资料，请致电(916) 255-5259。 (Mandarin)

Если Вы хотите получить информацию о Ваших правах на неприкосновенность частной жизни в рамках Программы широкого доступа к первичной медицинской помощи (EAPC Program), звоните по телефону (916) 255-5259. (Russian)

Kung nais ninyo ng impormasyon tungkol sa inyong mga karapatan sa kalihiman alinsunod sa programa ng EAPC, mangyaring tumawag sa (916) 255-5259. (Tagalog)

หากท่านต้องการข้อมูลเกี่ยวกับสิทธิส่วนตัวของท่านภายใต้โปรแกรม EAPC กรุณาโทรศัพท์ติดต่อที่ (916) 255-5259 (Thai)

Nếu quý vị muốn có thông tin về quyền riêng tư của mình theo Chương Trình EAPC, xin gọi số (916) 255-5259. (Vietnamese)

This acknowledgement is to be filled out by patients whose medical services are paid by the EAPC Program after April 14, 2003, and a copy kept in the client's file/record.

ACKNOWLEDGEMENT

My signature below shows that I have been given a copy of the EAPC Program Notice of Privacy Practices.

Name of EAPC Program Patient

Signature of EAPC Program Patient or Legal Representative

Date

If signed by legal representative, the relationship to the EAPC Program patient:
